

Division of Children and Family Services

ADMINISTRATIVE MEMO # 13 -2008

To: All Division of Children and Family Services Staff

From: Todd L. Reckling, Policy Section Administrator
Division of Children and Family Services

Todd L. Reckling

Approved by: Todd A. Landry, Director
Division of Children and Family Services

Todd A. Landry

Date: December 16, 2008

Re: Extended Family Information Form

Effective Date/Duration: Immediately, and until further notice

Contact: Kathy Ewing, Program Specialist, (402) 471-9333

Purpose: This memo provides instruction to Children and Family Services staff on the 'Extended Family Information Form'. This form is a tool for CFS staff and families, providing a single place to document the information that parents already are sharing regarding potential informal support and placement resources.

In using this form, staff is referred back to Administrative Memo #1-2008 Nebraska Safety Intervention System, with specific attention to the Nebraska Safety Intervention System-Assessment Overview, pp. 45-49 regarding non-custodial parent and kinship searches, and p. 55 which establishes the time frame of no more than 30 calendar days for completion of the Assessment.

As part of the development of a safety plan, or within five (5) working days after a child is placed in DHHS custody by the court or law enforcement hold, the Child and Family Services Specialist will provide the custodial parent an 'Extended Family Information Form,' and request the parent to provide names and contact information for any non-custodial parent, relatives, and friends or other people who might serve as a support system to the parent and child (e.g., participate in the safety plan or provide ongoing informal support) or might be suitable for out of home placement if that is necessary. The CFS Specialist will ask the custodial parent to include information on family members for a minimum of three (3) generations, if possible.

In the process of developing a safety plan, or within thirty (30) calendar days after receiving custody from the court or via law enforcement hold, the CFS Specialist will conduct a 'diligent search' to locate the non-custodial parent and other relatives, including those named on the 'Extended Family Information Form,' to determine how these individuals might appropriately assist in carrying out the safety and/or case plan, e.g., acting as a support system or serving as a placement resource.

In already existing CFS cases, including cases involving OJS youth, the CFS Specialist will provide the family with the 'Extended Family Information Form' at the next monthly visit.

The CFS Specialist will:

- Document the efforts made to locate and contact these persons and results of the contacts on N-FOCUS in the Kinship Narrative;
- File the hard copy of the 'Extended Family Information Form' completed by the custodial parent under Section Four, Family Record, Family Information (4a);and
- Provide information regarding the efforts made and results of the contacts to the juvenile court at the child's initial review hearing (for court involved cases).

CFS Specialists may wish to utilize the "Family Engagement Services" in gathering the information and completing the form with the family. If CFS Specialists are using this service, they must obtain a hard copy of the form for the file.

SEE FORM ON NEXT PAGE

Extended Family Information Form

Please identify as many family members and other informal supports as possible. Include family members for your generation, your parents' generation, and your grandparents' generation. These people may be contacted about how they can be supportive to your family, and their appropriateness for placement if out of home placement is needed. Please return this form to the Children and Family Services Specialist within 5 calendar days. (If you need more space, use the back of this form or use additional pages.)

CHILD'S NAME:

CUSTODIAL PARENT:

Address:

Phone Number:

NON-CUSTODIAL PARENT:

Address:

Phone Number:

Your Comments:

MATERNAL RELATIVES (Please list relationship to child):

Name:

Address:

Phone Number:

Your Comments:

Name:

Address:

Phone Number:

Your Comments:

Name: _____
Address: _____
Phone Number: _____
Your Comments: _____

Name: _____
Address: _____
Phone Number: _____
Your Comments: _____

PATERNAL RELATIVES (Please list relationship to child):

Name: _____
Address: _____
Phone Number: _____
Your Comments: _____

Name: _____
Address: _____
Phone Number: _____
Your Comments: _____

Name: _____
Address: _____
Phone Number: _____
Your Comments: _____

Name: _____
Address: _____
Phone Number: _____
Your Comments: _____

OTHER FRIENDS OR PEOPLE KNOWN TO THE CHILD:

Name: _____
Address: _____

Phone Number:

Your Comments:

Name:

Address:

Phone Number:

Your Comments: